PERMIT APPLICATION INSTRUCTIONS

Atlanta is host to many public and private outdoor events on an annual basis. As you start the planning process for your event it is important to recognize the impact that your event has on city services and your surrounding communities. It is our goal to assist every event organizer in properly planning safe and successful events that make difference to the City of Atlanta.

PERMIT PROCESS

In order to process your Large Gathering Permit Application form, a completed permit application <u>must</u> be received by the City of Atlanta Office of Special Events <u>no later than fourteen (14) days prior to the actual date of your event.</u> You will receive an email upon receipt of your application that will detail any missing information and next steps for approval.

In addition to obtaining the event permit, there are several other permits that may need to be acquired; you will read more about these types of permits throughout this packet. Any related permits are **due 30 days** before the event date. Please allow plenty of time to turn in your application. If there is a question that does not apply to your event, list N/A rather than leaving it blank. Please be aware that failure to submit your application in a timely manner or submitting an incomplete application will result in denial of your permit application.

Large Gathering Permits do not include the privilege to vend food or merchandise. You must submit an application for either an Assembly (30 day deadline) or an Outdoor Festival (90 day deadline) to vend at your outdoor event.

We hope that you find these instructions helpful. Thank you for your interest in choosing the City of Atlanta as the location for your event.

HAVE A GREAT EVENT!!!!!

EVENT SUMMARY

DESCRIPTION			Todav's Date:	:
Event Title:				
				
Description of Ev	ent:			
Purpose of Event	:: (Please describe the p	urpose of proposed ev	ent and the pro	ogram involved)
Event Componen	ts:			
	Alcohol		table Toilets	
	☐ Amplified Music		nts/Platforms	
	☐ Amusements (i.e	,	tered Food eet/Lane Closur	~ <u>~</u>
	☐ Generators		er:	G
* Please note, vei	nding is not permitted	at Large Gatherings		
YES NO				
De	o you want your event	published on the Cit	y of Atlanta on	-line calendar?
Anticipated				
Attendance	Total:	Day 1 of Event: Day 1 Peak Time:		Day 2 of Event: Day 2 Peak Time:
Setup	Day of Week/Date:	Start Tir	ne:	End Time
Event Day 1	Day of Week/Date:	Start Tir	ne:	End Time
Event Day 2	Day of Week/Date:	Start Tir	ne:	End Time
Dismantle	-			End Time
*If your event is r	nore than two days, lis	t start and end time t	or each day	
Inclement Weath	er Day of Week/Date(s):Start T	'ime:	End Time
Location				
Event Location	: Residence Church/Synagog		al Property Vacant l	Other Lot/Home/Building
Location Description:				
Location Name:		Address:		
City, State & Zip	code	Phone Number (if	applicable)	

CONTACT INFORMATION

PRIMARY Applicant Na	me:									
Address: Str	eet								Suite	.
Telephone/Fa	ax: Tel()		Cell ()			Fax()		
Email:YES_NO		dedicated	host or pro	oducing or	gan	ization?				
YES NO		annual ever	nt? How ma	ny years h	ave	you been h	nolding t	his event?		Years
		FVE	INT ORG	ZANIZE	R	S/SPO	NSO	RS		
organizer to application. Applicant N	apply for	this Outdoo	Host Organ r Event Pern	nit on their	beh	nalf must be	submit	ted with yo	ur per	
Email										
Please list yo	our spons	ors for this	event (if ap	oplicable):						
						 				
		Orga	NIZATIO	ON STA	JT	JS/ RE	(POR	TING		
YES NO		t Organizat	ion a comme	ercial entity	·?					
	this applic	ation a cop	ion a bona fi y of your IRS onprofit stati	S 501 (c) ta	mpt x e	, nonprofit exemption le	entity? tter prov	If yes, you viding proof	must <u>i</u> and o	ATTACH to certifying your
	Is this eve	ent open to t	the public?							

Are patrons' admission, entry or participant fees required? If yes please provide amounts and cut-off date (if applicable):_

FOOD/COOKING

YES NO Will you encourage patrons to take public transportation? If yes, how will you inform them:	Does your event include food ? If yes, please describe how food will be served and/or prepared	
If you are cooking, please indicate the location (i.e. indoor, outdoor, tent, etc.) SANITATION AND RECYCLING		
SANITATION AND RECYCLING	If yes, please specify method:	
If you are contracting clean-up services, Please ATTACH an agreement between your organization and the agency performing the clean up of the area. This agreement letter must be submitted on the letterhead of the appropriate agency responsible for the cleanup and must include the following: • Contact information: Name and number (accessible during event) • Plan for recycling refuse (describe in detail) • Number of trash receptacles provided by the agency (Minimum of 10 solid waste receptacles per 100 attendees) If you are requesting this service to be provided by the City's Sanitation Department, you must contact 404-523-0632 in advance to request an estimate. Payment is due five (5) days before the event and proof of payment is required by the Office of Special Events. PARKING/TRAFFIC MIGITATION Please list all parking options for patrons and event staff. Please include approximate number of spaces available: YES NO Have you informed the immediate residents/businesses about parking and traffic issues that may arise from your event? YES NO Will you encourage patrons to take public transportation? If yes, how will you inform them:		
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YES NO Will you encourage patrons to take public transportation? If yes, how will you inform them:		at
□ Will you encourage patrons to take public transportation? If yes, how will you inform them:	may arise from your event?	
How will you handle traffic that arises from your event?		
	How will you handle traffic that arises from your event?	_

PORTABLE RESTROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both American Disability Act (ADA) accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

YES NO	Do you plan	to provide port	table rest room	facilities at yo	our event?			
			ortable toilets DA portable toile					
	If no: Please	explain						
•	If alcoholic bev You need to ha	erages are to lave a minimum	able onsite, sub be served, add n of 1 ADA per p ned necessary b	25% from the ortable toilet	e base nur t cluster	nber.	ed number.	
This theAll p	s agreement lett number of toilet portable toilets o	ter <u>must be su</u> ts the organize on public prope	er is requesting.	etterhead of moved within	the approp	oriate agend	rtable toilets. by and <u>must</u> include se. Failure to remo	
Portable To	oilet Provider:							_
Address:	Street	· · · · · · · · · · · · · · · · · · ·					Suite	_
	City	· · · · · · · · · · · · · · · · · · ·		Stat	te	Zip code _		_
Telephone:	Day ()		Evening ()		Cellular ()	
			Time: Time:					
		Marketi	ing and F	PUBLIC F	RELAT	IONS		
YES NO	Will this ever	nt be marketed	I, promoted, or a	advertised in	any mann	er?		
Local TV		Cable TV I	ising (check all t Local Newspap				National Radio ect Mail/Flyers	
Please ATT	ACH an explan	ation of your C	GENERAL ARE	A and TIMEL	INE of all	advertiseme	ents.	
	sticker and o	ther items?	rol or limit the p				motional signage?	
			verage during th					

ENTERTAINMENT AND RELATED ACTIVITIES

YES	NO		
		Is there entertainment associated with your event? If no, go to the ne e indicate the types of entertainment (check all that apply): Live Musi activity Animal Acts Theatrical Performance Other:	ic Disc Jockey (DJ)
Please check	e comp and pe	plete the following information and provide an <u>ATTACHMENT</u> listing erformance schedule. Please include if the bands are <u>locally</u> or <u>nati</u>	all bands/ performers, sound onally recognized acts.
		Number of Stages/Platforms Number of Performers/Bands Will sound checks be conducted prior to the event? If yes, State time Finish time Will sound amplification be used? If yes, State time Finish time Do you plan to have a patron dance component to either live or record figes, please describe Please describe the sound equipment that will be used for your event	ded music at your event?
		Does your event include the use of fireworks, rockets, lasers, or other If yes, please ATTACH type of firework, map of set-up and fall-out are * For more information, contact the Atlanta Fire Rescue Fire Safe Will your event include the use of any signs, banners, decoral If yes, please describe size of banner, number of banners, how they will secured_	ea, and license of operator. ety division at 404-853-7077. tions, or special lighting? will be secured and where they be
of	this ev	Are you sponsoring or allowing outside promoters or agencies to office went you are currently applying for a permit for? If yes, please ATTACH a list of each event with dates, times and loca	
		Will a generator(s) be used? type of fuel and what size generators will be used:	
* Grou	unding I dditio r	c generator is used, are you installing a grounding rod? rods must be removed from all public property at the end of the permitte nal electrical wiring or temporary power poles need to be installed ecific electrical needs:	? Yes No
Electr	ical Co	ntractor:	
Pleas	e <u>ATTA</u>	Day () Evening () Cellul ACH an agreement from the agency providing the electrical service. The dof the agency and must include the license number of the electrician of th	is letter must be submitted on
YES		Are there amusements (moon walks, dunk tanks, etc) associated with s, what type(s) of amusements will be used?	h your event?
Amus	sement	t Provider:	
Addre	ess:	Street	Suite
* NOT	E: The	Street State	∠ıp code nizers assume all risk.

SITE PLAN/ROUTE MAP

Please ATTACH your event site plan/route map that includes a legend or key. Incomplete site maps are the

number one reason applications get delayed in processing. When creating your site map, take into consideration that maps can be used by public safety officials to respond to emergencies. Maps must include but not be limited to: П An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access. Photos/detailed descriptions are required of all fencing. The location and dimensions of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, amusements, dumpsters, and other temporary structures. The location of portable toilets (including number & type of toilets in each location), cooking areas, alcohol sales trash containers, generators, fuel tanks, drinking water fountains/free water stations The location of first aid facilities and ambulances. Placement of vehicles and/or trailers. If there are any tents that will hold more than 50 people, a site plan of the tent must be submitted with layout of the elements that will be placed underneath the tent (tables, chairs, catering supplies, etc.) Exit location for OUTDOOR events that are fenced and/or locations within tents and tent structures. STRUCTURES EMPORARY Are you using any tents? Yes If yes, please complete the following: # of tents Sizes: Are you using any platforms? Yes No If yes, please complete the following: # of platforms Sizes: Are you building any stages? Yes No

**If you are building a stage, platform or using a tent '10x20' or larger or 10x10 tents less than 12 feet apart, then you <u>must</u> complete a temporary structures permit application. The application is separate and can be found under "sub-permits/other applications" page on the "General Applications Guidelines" webpage menu.

If yes, please complete the following:

of stages Sizes: ____

SECURITY PLAN Application Number: Date: _____ Event Name: _____ Zone: _____ ☐ Street Closing Other Lane Closing Description of Event: ______ Time: _____ Location (s): Attendance Numbers Security Plan Summary: (Attach Plan of Action or briefly describe security plan to include, but not limited to, crowd control, internal security and venue safety) Number of security personnel required: _____ (POST-certified off-duty law enforcement only) List agencies represented by Off-duty Officers: List "lead Officer's "name and contact number: _____ TRAFFIC: Fixed: _____ Fixed: _____ Mobile: _____ Number of Barricades required: (applicant must provide barricades) Are you hiring additional security from a private security company? : \(\subseteq \text{Yes} \quad \text{No} \) Please note: this is not a substitute for Post-certified off-duty law enforcement personnel If yes, please list the Name and Contact Number of private security company: This above portion of this form is to be filled out by the Festival Organizer or Promoter ONLY. Atlanta POLICE OFFICERS ARE PROHIBITED BY CITY ORDINANCE FROM SIGNING THIS FORM AS SECURITY COORDINATORS. FOR MORE INFORMATION, CONTACT THE ATLANTA POLICE DEPARTMENT SPECIAL OPERATIONS SECTION AT (404) 209-5260 OR BY FAX AT (404) 209-2518 **APPROVED APPROVED DISAPPROVED DISAPPROVED** Commander, Special Operations Section Deputy Chief, Field Operations Atlanta Police Department Atlanta Police Department

EMERGENCY MEDICAL SERVICE — OUTDOOR EVENTS PERMIT ATLANTA FIRE RESCUE

All are required to have an emergency services plan. 911 is an appropriate plan for events under 2,000 people, please write "will call 911" under the "Other" section below Be advised that Atlanta Fire Rescue may require additional EMS services at your event before they will approve your plan.

Please <u>ATTACH</u> an agreement letter between your organization and the agency contracting EMS services. This agreement letter <u>must be submitted on the letterhead</u> of the appropriate agency and <u>must</u> include contact information (Name and number), complete listing of contracted services, the manner in which they will be managed and deployed, complete listing of personnel, including state certification levels (MD, RN, EMT, Paramedic, NPQ), and the hours of set-up and dismantle of all medical aid areas. For more information, contact **(404) 215-2830 or by fax at (404) 215-2831**

□APPROVED □DISAPROVED	
Please Print- Chief of Atlanta Fire Rescue EMS Section	Signature – Chief of Atlanta Fire Rescue DATE EMS Section
Please Print – Medical Director EMS Providing Event Coverage	Signature – Medical Director EMS DATE Providing Event Coverage
(event radios, cell phones, walkie talkies, etc.)_	
Please explain in detail how your medical perso	nnel will communicate during with each other during your event.
PORTABLE TOILETS PUBLIC WATER SOURCES	OTHER (Please explain) PORTABLE ADA TOILETS
EMERGENCY MEDICAL TECHNICIAN FIRST AID STATIONS	
MEDICAL DOCTOR LICENSED PRACTICAL NURSE	REGISTERED NURSE FIREFIGHTER/MEDIC
ADVANCE LIFE SUPPORT UNIT(S)	BASIC LIFE SUPPORT UNIT(S)
HOW MANY OF THE FOLLOWING WILL BE A	SSIGNED TO THE FESTIVAL/EVENT?
WILL YOUR EMS PROVIDER (S) HAVE ON ID YES NO	ENTIFIABLE UNIFORMS?
YOUR EMS PLAN	
ATLANTA FIRE RESCUE EMS SECTION MAY	NUMBER OF THE PRIVATE COMPANY OR INDIVIDUAL (S) CONTACT IF THEY HAVE ANY QUESTIONS REGARDING
NAME AND NUMBER OF THE ONSITE CONTA	ACT DURING THE FESTIVAL/EVENT:
WILL ALCOHOL BE SERVED? YES	NO
ESTIMATED ATTENDANCE: DAILY	TOTAL
E-MAIL ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
NAME OF ORGANIZATION/ ORGANIZER:	
ADDRESS OF EVENT OR FESTIVAL:	
EVENT DATE:	_TIME:
NAME OF EVENT/FESTIVAL:	

ALCOHOL PERMIT INFORMATION

YES NO

Does your event involve the use of alcoholic beverages?

If yes, please contact the Atlanta Police Department at 404-853-7740 to obtain a license from them. *Please check with the State of Georgia website http://www.etax.dor.ga.gov/alcohol/index.shtml regarding any additional requirements.

TEMPORARY STREET OR SIDEWALK CLOSURE

YES NO

Does your event consist of or include a race, parade, rally or motorcade? If yes, fill out an assembly permit application in addition to this application

YES NO

Does your event involve any street/lane closures? If yes, fill out a temporary street/lane closure permit application (sub-permit section)

FIRE SAFETY INSPECTIONS

YES	NO	
	□ No	Will your event include the use of any signs, banners, decorations, or special lighting? te: Banners must be made of materials that meet the National Fire Protection Association 701 standards.
YES	NO	
		Will any banners be attached to light poles or any other object in any City Street, sidewalk or right-of-way? (If yes, please contact the Commissioner of Public Works at 404-330-6240.)
•		eking the Sub-Permit along with the issuance of the Outdoor Event Permit or at the time of set-up of or Event?
	Wi	th Outdoor Event Permit
	•	Attach Certificate of Flammability from the Banner's fabric manufacturer stating that the material meets the standards Or, Banner material can be attached to application for testing by the Atlanta Fire Rescue Department Applicant can take a sample of the Banner material to the Fire Rescue Department for testing. AFRD is located at 675 Ponce de Leon Ave, Suite 2001, Atlanta, GA 30308. For more information, contact 404-853-7070.
	At	time of set-up of event
Set-u	р Соі	ntact Name: Cell Number:
	be	ote: At any Outdoor Event, the Fire Rescue Department shall have the authority to require that a Banner taken down upon a finding that the Banner does not meet the National Fire Protection Association 701 andards.
YES		Are you hiring off-duty fire safety personnel?
		ise list how many are National Fire Protections Association certified Fire Inspector 1 and have al authority.

FIRE SAFETY INSPECTIONS LARGE GATHERING PERMIT

Date ar	nd Times of Gathering:		
Addres	s of Event:		· · · · · · · · · · · · · · · · · · ·
	Code R	eference City Ordinanc	e Chapter 42 – Outdoor Events
1.	What is your expected number of persons attended	ding this event:	Section 142-21(f)
2.	Do you intend to erect a fence around the event?	? Yes 🗆	No □ - Section 143-3 (e)
3.	Will any tents be erected at this event? If yes, how many and what size:		
			Section 142-41
4.	Will any signs or banners be hung?	Yes □	No □ - Section 142-35
5.	Will there be any street closing for this event?	Yes □	No □ - Section 142-21(2)(3)
6.	Will any alcohol be served at this event?	Yes □	No □ -
7.	Will there be any fireworks/pyrotechnics displayed in conjunction with this event? 21(2)(g)(3)(h)		No □ - Section 142-
8.	Will there be any cooking at the event? If yes, what will be the fuel source 21(2)(g)(3)(h)		No □ Section 142-
9.	Will there by any LP-Gas, flammable, or combuse 21(2)(g)3)(h) If yes, give the name, intended use and how much	Yes 🗆	No □ - Section 142-
10.	Number of off-duty fire inspectors or fire marshal	Is needed for this event	- Section 142-21(3)(A)(i)(ii)
BEFOR	E THE EVENT IS APPROVED, THE SITE PLAN SHALL BE		MARSHAL'S OFFICE FOR APPROVAL -
No	TE: ANY DEVIATION OF THE APPROVED SITE PLAN MU	N 142-37 IST BE RESUBMITTED TO T ROVAL.	THE FIRE MARSHAL'S OFFICE FOR
To be c	ompleted by the ATLANTA FIRE RESCUE ONLY		
	PROVED APPROVED		
Print, F	ire Marshall, Atlanta Fire Rescue	Signature, Fire Depart Atlanta Fire Rescue	ment

In determining the adequacy and appropriateness of any emergency Services and Fire Safety Plan, the Atlanta Fire Rescue Department shall be guided solely by considerations of the anticipated number of attendees at the event, the location of the event, whether the event has gates or other barriers to exiting the event, the season in which the event occurs, the presence of cooking, the presence of special hazards such as fireworks displays and other pyrotechnic and special effects, past experience with this particular Outdoor Event, or the Outdoor Event's Applicant or Host.

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Atlanta Code of Ordinance, and I understand that this application is made subject to the rules and regulation established by the City Council and/or the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, Federal Government and any other applicable entity, which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Atlanta. (Please print)

Date received by office:



For office use only

PERMIT NUMB	ER:
07	-
Benchmark dates:	
90 DAY/	OFFICE
50 DAY/	Use Only
45 DAY/	

Thank you for completing your Large Gathering Permit Application. Before you submit your application to the City of Atlanta, please make sure that the following steps have been completed:

Have	e you?
	Signed and dated your application
Attac	chments:
	Original agreement letter from the agency performing clean up of the festival area
	Original agreement letter from the agency providing the portable toilets
	A complete entertainment list and schedule
	A complete list of all endorsed events outside of permitted event (after party, receptions etc.)
	Explanation of your marketing general target area
	Event site plan
	Original agreement letter from the agency providing the electrical services
	Original agreement letter from the agency providing the emergency medical services

PLEASE NOTE: Applications can be faxed, mailed or brought in person. They cannot be emailed.

Submit your completed permit application to:

City of Atlanta Office of Special Events 55 Trinity Avenue, SW Suite 2400 Atlanta, Georgia 30303

Office: (404) 330-6741 Fax: (404) 225-5732